MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-030711

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Action of the property of working life, even if retired Machinist St. Louis, Mo. U.S.A.			۱			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF W	HAT COUNTRY
13. FATHER'S NAME B 2 12 9527.1 10 10 10 10 10 10 10 10 10	6	٤				Machinist Machinist St. Louis, Mo. U.S.A.	
Edward Blake Second Secon	7 0	됩	۱	11		13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
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IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	_ 45 27.1 b	취	١] [.	<u>.</u> [18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	ERVAL BETWEEN
Which gave rise to above cause (s), stating the under-lying cause last. NO SI NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. PART III. If deceased was female was fema	10 1	- 1 - 1	۱		ÄË	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) PLACE AND	SEI AND DEATH
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236 BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) EMOVAL (Specify) Burial 7)3)1963 St. Paul Church Yard St. Louis County Mo 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		ž	۱		AFF.		<u>Mo.</u>
24. funeral director Address Collier Mortuary, St. Ann, Mo. 7-2-63 26. Rigistbar's signature 25. Date Reco. By Local Reg. 26. Rigistbar's signature 25. Rigistbar's s		IEA TEA	۱			24. TORERIA BIRECION	الاش

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

by	·	, Student Embalmer No
rking under my	personal supervision.	Signed Shelder Collier
, alone		Shelden Callie
Jaenr	Signature of Student Embalmer	Signed
		Licensed Embalmer No. 3382 P. O. Address St. am
	· ·	P. O. Address St. am ?

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If rembalmed by a STUDENT, he also shall sign in his OWN handwriting.